

P95000001403

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300001369843
-01/04/95--01151--018
****122.50 ****122.50

SUBJECT: ORCHARD MEADOWS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy,
& Certificate

FROM:

NATHANIEL GAI

Name (printed or typed)

865 NORTH WAUKEENAH STREET

Address

MONTICELLO, FLORIDA 32344

City, State & Zip

904-681-8262

Daytime Telephone number

1995 JAN -6 PM 11:02

FILED

DOB 1/06/95
1/06/95
1/06/95
P95-1403

1/06/95
Per Mr. Gallon,
add # of shares.
BDB

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ORCHARD MEADOWS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

865 NORTH WAUKEENAH STREET
MONTICELLO, FLORIDA 32344

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

—0—

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NATHANIEL GALLON
865 NORTH WAUKEENAH STREET
MONTICELLO, FLORIDA 32344

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NATHANIEL GALLON
865 NORTH WAUKEENAH STREET
MONTICELLO, FLORIDA 32344

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1-2-19-95 day of 1-2- 1995.

Nathaniel Gallon
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ORCHARD MEADOWS, INC.

2. The name and address of the registered agent and office is:

NATHANIEL GALLON

(Name)

865 NORTH WAUKEENAH STREET

(P.O. Box not acceptable)

MONTICELLO, FLORIDA 32344

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nathaniel Gallon
(Signature)

1-2-1995
(Date)